

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

Reg. Dist. No. 07255251

1. PLACE OF DEATH

County St. Anne's Co. Md.City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yearsHospital, institution, or street address where death occurred: NoneHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For born infants give residence of mother)

State St. Anne's Co. Md. County St. Anne'sCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. None
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Arthur J. Beer

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Monroe J. Beer7. Birth date of deceased (mo., day, yr.) July 4, 19018. AGE: Years 45 Months 4 Days 29 If less than one day hrs. min.9. Birthplace Mass. U.S.A.
(Town, county, and state)10. Usual occupation Teacher11. Industry or business St. Anne's Co. Md.12. Name Arthur J. Beer13. Birthplace St. Anne's Co. Md.14. Maiden name Edgar J. Beer15. Birthplace St. Anne's Co. Md.16. Informant Edgar J. BeerAddress Baltimore17. (Burial, cremation, or removal, which?) BurialDate thereof July 11, 46Cemetery or crematory Church HillLocation Church Hill Md.18. Funeral director Edgar J. BeerAddress Church Hill Md.19. July 9, 46 Registrar Edgar J. Beer

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 46 at 6 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8, 46 to July 8, 46and that I last saw him alive on July 1, 46Immediate cause of death Myocardial infarctionDue to Myocardial infarctionDue to Myocardial infarctionOther conditions None

(Include pregnancy within 8 months of death)

Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NoneWhere did injury occur? NoneInjured at home, farm, industry, public place (where?) NoneMeans of injury NoneInjured at work? None23. SIGNATURE Edgar J. BeerAddress Church Hill Md.Date signed July 9, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 22 1946

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

07250

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Supervisors Co
City or town Red gear
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? None
Hospital, institution, or street address where death occurred.
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Supervisors Co
City or town Red gear
(If outside city or town limits, write RURAL and give nearest town)
Street No. None
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

John H. Berryman

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Theresa Berryman

7. Birth date of deceased (mo., day, yr.) Do not know 6. (c) If alive, give age 67 years

8. AGE: Years 67 Months 3 Days 3 If less than one day hrs. min.

9. Birthplace Supervisors Co Md
(Town, county, and state)

10. Usual occupation Do not know

11. Industry or business Do not know

12. Name John H. Berryman

13. Birthplace Do not know

14. Maiden name Mrs. Berryman

15. Birthplace Do not know

16. Informant Edgar H. Lane

Address Church Hill Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof July 15 46
(month) (day) (year)

Cemetery or crematory Pond Town

Location Pond Town Md.

18. Funeral director Edgar H. Lane

Address Church Hill Md.

19. (Date rec'd by registrar) July 14 46 Registrar Edgar H. Lane

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 19 46 at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 to July 11 19 46

and that I last saw him alive on July 8 19 46

Immediate cause of death Myocardial Infarction DURATION 6 hrs

Due to None

Due to None

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE Harmon S. Greedy M. D. or other Edgar H. Lane

Address Church Hill Md. Date signed July 12

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

07257

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: Queen Anne
 County Md. Centreville
 City or town 63 yrs
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Md. Centreville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION) ✓
 2.(a) If veteran, name war

3. (a) FULL NAME Henry Brown

3. (b) Social Security Number ✓

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Kennard Brown
 7. Birth date of deceased (mo., day, yr.) July 9 - 1886 6. (c) If alive, give age _____ years
 8. AGE: Years 60 Months 11 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Brownsville - Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name George Lee Morris
 13. Birthplace So. West Kansas

14. Maiden name

15. Birthplace

16. Informant Henrietta Hicks

Address 2238 Eel. Harlow St. - Phone Pa

17. Burial Date thereof July 9 - '46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cause Neck

Location Md. Centreville, Md

18. Funeral director Barton Bros

Address Centreville, Md

19. July 9 - 46 Elvis Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 46 at 8:15 H. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 19 46 to July 6 19 46

and that I last saw him is alive on July 5 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 15 days

Due to High tension Cerebral

Due to Vascular disease arteriosclerosis

Other conditions Distal arteriosclerosis 10 years

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. R. Layton M.D. M. D. or other

Address Centreville, Md Date signed 7-8-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 15 1946

BUREAU VE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 07258 251

1. PLACE OF DEATH:

County Queen AnneCity or town Near Ralphs Way
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs.Hospital, institution, or street address where death occurred Chesterton P.O.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Gunthro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Mary C. Cooper

3. (b) Social Security Number

4. Sex F. 5. Color or race C. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Silas M. Cooper6. (c) If alive, give age 46 years7. Birth date of deceased (mo., day, yr.) March 10, 18828. AGE: Years 64 Months 4 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Talbot County
(Town, county, and state)10. Usual occupation housewife11. Industry or business home12. Name Unknown

13. Birthplace _____

14. Maiden name Julia Coussey15. Birthplace Talbot County16. Informant Mr. Silas M. CooperAddress Chesterton, P.O. Maryland17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 7/20/46
(month) (day) (year)Cemetery or crematory Mt. PleasantLocation Preston, Caroline Co. Md.18. Funeral director Marvin U. WilliamsAddress Chesterton, Maryland19. 7-19 46 Edgar A. Lane

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 46 at 6:50 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 19 46 to July 18 19 46and that I last saw him alive on July 17 19 46Immediate cause of death CoronaryDURATION 1 DayDue to Coronary thrombosis 4 daysDue to Hypertension 2

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Simpers M. D. or otherAddress Chesterton Date signed 7-18-46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REC'D

AUG 1 1946

BUREAU

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of date of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 22

07259

CERTIFICATE OF DEATH

Reg. Dist. No. 252

FILM No. I 06 AUG 7 - 1946

1. PLACE OF DEATH:

County Queen Anne's

City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph Mc Laughlin Haymaker Jr.

3. (b) Social Security Number

217-07-9948

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Virginia Lancaster Haymaker

6. (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) April 17, 1909

8. AGE:

Years 37 Months 3 Days 9 hrs. _____ min.

9. Birthplace Ridgely, Caroline Co. Md
(Town, county, and state)

10. Usual occupation Property Supervisor

11. Industry or business US Army Air Corps

12. Name Joseph Mc Laughlin Haymaker

13. Birthplace Centerville Pa

14. Maiden name Elizabeth Laird

15. Birthplace Md. Lancaster Pa

16. Informant Thos Joseph Haymaker

Address Centerville Maryland

17. Burial Date thereof July 29, 46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Centerville

Location Centerville Maryland

18. Funeral director Darton Bros

Address Centerville Maryland

19. July 29- 1946 Elise Armstrong
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1946 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 26, 1946 to July 26, 1946

and that I last saw _____ alive on _____ 19____

Immediate cause of death _____

DURATION

Cerebral Hemorrhage

Due to

Hypertension

Due to

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE

W. Henry Fisher

Address Centerville Md

M. D. or other

Date signed 7-29-46

RECEIVED

AUG 1 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age
& birth date of deceased is
shown on

FILM No. 106 JUL 26 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 485

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Frederick

City or town Frederick Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County GA

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Flora Mae Still

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife John H. Still

6. (c) If alive, give age 43 yrs

7. Birth date of deceased (mo., day, yr.) Dec 25 1906 / Sept. 23

8. AGE: Years 42 Months 40 Days 6 If less than one day 23 hrs. 1903 min.

9. Birthplace Frederickville GA Md
(Town, county, and state)

10. Usual occupation Stu

11. Industry or business Two Wooded

12. Name John H. Still

13. Birthplace Frederickville Md

14. Maiden name Mary Wilson

15. Birthplace Frederickville Md

16. Informant John Still

Address Frederickville Md

17. Burial Burial Date thereof July 18 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Frederickville Md

18. Funeral director Lewis A. Henry

Address 222 Cedar St. Cambridge Md

19. July 18 19 46 Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 6:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 46 to July 16 46

and that I last saw him July 16 46 alive on July 16 46

Immediate cause of death Carcinoma of uterus

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

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Other conditions _____

Other conditions _____

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

RECEIVED

JUL 22 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 2530

1. PLACE OF DEATH:

County Queen Anne
City or town Rural Lodge Hills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Rural Lodge Hills
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war none

3. (a) FULL NAME

William Pauls

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored Widowed

6. (b) Name of husband or wife Janice Wilmer Pauls

7. Birth date of deceased (mo., day, yr.) ? ? 1879
8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
67 ? ? hrs. min.

9. Birthplace Woods & Co. Maryland
(Town, county, and estate)

10. Usual occupation Farm Hand

11. Industry or business

12. Name William Pauls

13. Birthplace Don't know

14. Maiden name None

15. Birthplace Don't know

16. Informant Clara Pauls

Address Rural Lodge Hills Maryland

17. Burial Date thereof July 5-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Newtown

Location Newtown, Talbot Co. Md

18. Funeral director Barton Bros

Address Centerville, Maryland

19. July 5-46 Elice Armstrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 2 19 46 at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 46 to July 2 19 46
and that I last saw him alive on June 19 19 46

Immediate cause of death

Chronic Interstitial Nephritis

Due to

Due to

Other conditions Chronic Nephritis

Regeneration

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Fisher

M. D. or other

Address Centerville Md

Date signed 7-5-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, STATE OF MASSACHUSETTS

DATE OF DEATH: 1946

RECEIVED
JUL 9 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County... HarfordCity or town... Beltsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrsHospital, institution, or street address where death occurred: NoneHow long in hospital or institution? None

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Paula C. Keefer6. (c) If alive, give age 46 years7. Birth date of deceased (mo., day, yr.) May 1, 18798. AGE: Years 67 Months 2 Days 6 If less than one day hrs. min.9. Birthplace Queen Anne's Co. Md.
(Town, county, and state)10. Usual occupation Dallas Keefer11. Industry or business Housewife12. Name Edgar S. Lane13. Birthplace Beltsville, Harford Co. Md.14. Maiden name Paula C. Keefer15. Birthplace Beltsville, Harford Co. Md.16. Informant Edgar S. LaneAddress Church Hill Ind.17. (Burial, cremation, or removal. Which?) Burial Date thereof July 7, 1946
(month) (day) (year)Cemetery or crematory Church Hill C. Cem.Location Church Hill Ind.18. Funeral director Edgar S. LaneAddress Church Hill Ind.19. July 7, 1946 Registrar Edgar S. Lane
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Harford County BeltsvilleCity or town Beltsville
(If outside city or town limits, write RURAL and give nearest town)Street No. None

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1946 at 4:12:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1946 to July 6, 1946and that I last saw him alive on July 5, 1946Immediate cause of death Coronary thrombosis DURATION 2 yrsDue to Heart diseaseOther conditions None

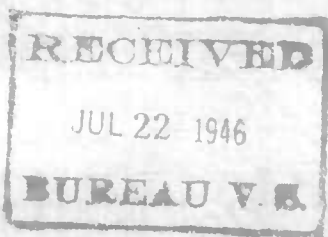
(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide None Date of NoneWhere did injury occur? None (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE Edgar S. Lane M. D. (or other)Address Church Hill Ind. Date signed July 7, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: *Queen Anne*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Queen Anne*
 City or town.....*Centreville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME *M. Eileen Ryland*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *widowed*
 6. (b) Name of husband or wife.....*George W. Ryland*
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) *May 28 - 1874*
 8. AGE: Years *72* Months *1* Days *12* If less than one day
hrs.min.

9. Birthplace.....*Crumpton - Md*
 (town, county, and state)

10. Usual occupation.....*Housewife*

11. Industry or business

12. Name.....*Elizabeth J. Solloway*
 13. Birthplace.....*Queen Anne Co. Md*
 14. Maiden name.....*Anne May Stitt*
 15. Birthplace.....*Maryland*

16. Informant.....*Howard W. Ryland*
 Address.....*Centreville Md*

17. *Buried* Date thereof.....*July 17-46*
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....*Crumpton*
 Location.....*Crumpton, Md*

18. Funeral director.....*Barton Bros*
 Address.....*Centreville, Md*

19. *7-12-46* *Elice Armstrong*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*July 9* 19..*46* at *7:43* P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 2 19..*46* to *July 9* 19..*46*
 and that I last saw him alive on *July 9* 19..*46*

Immediate cause of death.....*Coronary Failure* DURATION *20 days*

Due to.....*Coronary occlusion* *4 mo*

Due to.....*Arteriosclerosis* *4 years*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....*none* Date of op.....

Autopsy results.....*none*
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*CH Barton MD* M. D. or other
Centreville Md Date signed.....*7-11-46*

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED
JUL 15 1946
BUREAU V.E.